



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Joe Manchin III
Governor**

**Bureau for Children and Families
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
Division of Children and Adult Services
350 Capitol Street, Room 691
Charleston, West Virginia 25301
Telephone: (304) 558-7980 Fax: (304) 558-4563**

**Martha Yeager Walker
Secretary**

CASE WORKER ASSIGNMENT FORM

DATE:

TO: WV ICPC OFFICE

FROM: NAME,

**SUBJECT: NOTICE OF CASEWORKER ASSIGNMENT
Home Study _____
Supervision _____**

NAME OF CHILD(REN):

NAME OF PROPOSED PLACEMENT RESOURCE:

When a worker is assigned to this ICPC case, or there is a change in case workers, please note the worker's name and telephone number on this form and return it to the ICPC office. The return of this form will also serve as notice that the Region has received the home study request. Please return this form immediately upon case assignment. Thank you!

WORKER'S NAME AND TELEPHONE NUMBER
